

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767620

1. Entity Name

L. F. C. BIBLE STUDY, INC.

Principal Place of Business

Mailing Address

3342 SW HOSANNAH LANE
OKEECHOBEE FL 34974

3342 SW HOSANNAH LANE
OKEECHOBEE FL 34974-2299

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-2276085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEE, H. GREGG, ESQUIRE
2014 4TH ST.
SARASOTA FL 34237

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURROW, HUGH
3342 SW HOSANNAH LANE
OKEECHOBEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
Some

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEE, H GREGG
2014 4TH ST.
SARASOTA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
Some

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CAREY, LILLIAN B
3342 SW HOSANNAH LANE
OKEECHOBEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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Some

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00 561/597/3983

BCC18498



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)